



General Assembly

February Session, 2016

Raised Bill No. 5589

LCO No. 2045



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

AN ACT CONCERNING AN ACUITY-BASED SYSTEM FOR MEDICAID REIMBURSEMENT.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-340d of the 2016 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2016*):

4 (a) The Commissioner of Social Services may implement an acuity-
5 based methodology for Medicaid reimbursement of nursing home
6 services. In the course of developing [such a system] the methodology,
7 the commissioner shall review the skilled nursing facility prospective
8 payment system developed by the Centers for Medicare and Medicaid
9 Services, as well as other methodologies used nationally, and shall
10 consider recommendations from the nursing home industry. The
11 commissioner, in accordance with section 17b-8, shall seek federal
12 approval for a Medicaid state plan amendment if necessary to
13 implement an acuity-based methodology. The acuity-based
14 methodology may include, but need not be limited to:

15 (1) A prospective case mix system of reimbursement, where the
16 basis for a portion of the reimbursement includes a classification
17 system that groups assessed conditions, diagnoses or both and takes
18 into consideration the resources required to provide care, services and
19 supports for residents with such conditions, diagnoses or both;

20 (2) A standard resident assessment instrument;

21 (3) A rate adjustment add-on for special needs residents, including,
22 but not limited to: (A) Residents with a diagnosis of dementia,
23 Alzheimer's disease or similar cognitive condition who may have more
24 complex care needs and higher staffing requirements than is reflected
25 on federally mandated clinical assessments, (B) ventilator dependent
26 residents, (C) residents with developmental disabilities, (D) residents
27 with behavioral health needs, and (E) bariatric residents who require
28 special care for obesity-related conditions;

29 (4) A rate differential accounting for cost differences among
30 counties of the state;

31 (5) A pay-for-performance rate adjustment add-on; and

32 (6) Revisions to the property reimbursement component to the rates.

33 (b) Any acuity-based methodology for Medicaid reimbursement
34 approved pursuant to this section shall be phased in over at least four
35 years with provisions to limit decreases in Medicaid per diem rates for
36 nursing home facilities during the phase-in period. The Commissioner
37 of Social Services shall report, in accordance with the provisions of
38 section 11-4a, on the implementation of the methodology to the joint
39 standing committee of the General Assembly having cognizance of
40 matters relating to human services not later than December thirty-first
41 of each year of the implementation, and such reports shall include the
42 impact of the rate change on each facility.

43 [(b)] (c) The Commissioner of Social Services may implement

44 policies as necessary to carry out the provisions of this section while in
45 the process of adopting the policies as regulations, provided that prior
46 to implementation the policies are posted on the eRegulations System
47 established pursuant to section 4-173b and the Department of Social
48 Services' Internet web site.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>July 1, 2016</i>	17b-340d
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Statement of Purpose:

To establish the components of an acuity-based Medicaid reimbursement system for nursing home services.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]